

<b>Case Number:</b>	CM14-0006598		
<b>Date Assigned:</b>	03/03/2014	<b>Date of Injury:</b>	09/24/2012
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	01/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [REDACTED] employee who has filed a claim for bilateral foot pain reportedly associated with an industrial injury of September 24, 2012. Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; open reduction and internal fixation of a tibial fracture/lateral malleolar fracture; opioid therapy and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated January 3, 2014, the claims administrator denied a request for diagnostic ultrasound testing of the bilateral feet. Despite the fact that the applicant was several years removed from the date of injury, the claims administrator stated there was no evidence that conservative treatment had failed. The claims administrator did not incorporate cited MTUS Guidelines into its rationale. On October 21, 2013, the applicant was described as having persistent complaints of ankle, knee, and low back pain. Some of the applicant's symptoms were attributed to a left lower extremity radiculopathy. The applicant was given prescriptions for Ultracet, Norco, and Ambien. The applicant was asked to consult a psychiatrist for issues with panic attacks and anxiety. Work restrictions were put in place. It was not stated whether or not the applicant was working with fairly proscriptive limitations in place. In a handwritten note dated January 17, 2014, it was stated that the applicant had persistent complaints of low back, left knee, and left foot pain. The applicant was also alleging development of psychiatric issues secondary to chronic pain concerns. A prescription for Norco was endorsed. The attending provider suggested, through preprinted checkboxes, that the applicant was working with limitations in place. Further physical therapy and chiropractic manipulative therapy were also endorsed. On November 18, 2013, the attending provider stated that the applicant's diagnoses were knee pain, left lower extremity radiculopathy, sleep disturbance, panic attacks, anxiety disorder, and ankle pain status post open reduction and internal fixation of the same. In a

psychiatric consultation, compressive stockings, Neurontin, Flexeril, and work restrictions were endorsed. It appears that the diagnostic ultrasound in question was sought on a December 9, 2013 Doctor's First Report of occupational injury. The applicant had apparently transferred care to a new primary treating provider at that point, who sought authorization for left lower extremity electrodiagnostic testing, multimodality transcutaneous electrical therapy stimulator device, Vicodin, and naproxen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Diagnostic ultrasound, left foot:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints.

**Decision rationale:** The MTUS does not address the topic of diagnostic ultrasound testing for the ankle and feet. While the ACOEM Guidelines do support diagnostic ultrasound for diagnosing a variety of issues involving the ankles, including Achilles tendinopathy, acute Achilles tendon rupture, plantar fasciitis, and/or tarsal tunnel syndrome in certain context. In this case, however, it was not clearly stated what was suspected or what information was sought. No rationale for pursuit of the ultrasound testing in question was offered by the attending provider. It appears the applicant already had a confirmed diagnosis of residual pain about the ankle and feet following an earlier traumatic fracture of the same. Therefore, the request for diagnostic ultrasound testing is not medically necessary.